US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Chux			
1 File Number U /3280	2 Fiscal Year Covered From		
	01 / B1 / Zucly Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name DONALA BULUCCUT	Name ASDESTES WORKES LOCAL UNION 18		
	Labor Organization File Number 007-081		
PO Box Bldg Room No if any	P O Box Building and Room Number if any		
Street 3122 Sleepy Hollow Road	Street 2653 Ruffner Road		
City Birmingham	City B. Ra. Ugham		
State AIAS AMA ZIP Code +4 35215	State Alabana ZIP Code + 4 35210		
5 Position in labor organization PRES. deut			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other i conomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name [
Trade Name If any			
PO Box Bldg Room No If any			
	7 b Amount		
Street			
City =_			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)			
Signed Many Billian	on 8"18-05 205681-2827		
Signed War a fland	On 8-18-05 205-681-2827 Date Telephone Number		

Name of Person Filling DONA & DINCENT	•	File Number 0	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name I			
Trade Name If any	a Labor Organiza	tton	
PO Box Bldg Room No If any	b Trust		
Street			
City			
State 7IP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealer	ng	
Name Ashestas Workes Local 18 Joint Appeniesh p Training Fund Trade Name if any	Apprenticeshi	p Coold NATOR TRAINER	
P O Box Bldg Room No if any			
Street 2653 Ruffice Road	11 b Approximate dollar value	o of such dealing	
City Biemingham	12 a Nature of interest I eld	hunga etal di una manana di	
State ALABAMA ZIP Code + 4 3520	Rumbussco Expenses	Educational Confidence	
	12 b Amount	7000 40	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name If any			
P O Box Bidg Room No if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		